

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed

2014 9

AUSTIN CITY CLERK  
RECEIVED  
27 PM 4 393 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

VARGAS

M

MONTANO

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

P.O. Box 140022, Austin, TX 78714

☐ change of address5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

926-1369

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

VARGAS

VARGAS - RIVERIA

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

1704 E. 14th St., Ste. 103, Austin, TX 78702

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

478-3090

9 REPORT TYPE

☐ January 15☐ 30th day before election☐ Runoff☐ 15th day after campaign  
treasurer appointment  
(officeholder only)☐ July 15☒ 8th day before election☐ Exceeded \$500  
limit☐ Final report (Attach C/OH - FR)10 PERIOD  
COVERED

Month

Day

Year

9 / 26 / 14

THROUGH

Month

Day

Year

10 / 15 / 14

11 ELECTION

Month

ELECTION DATE

Day

Year

11 / 04 / 14

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

NA

13 OFFICE SOUGHT (if known)

City Council, Dist. 1

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Valerie Monard*

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 390.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1140.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 306.24

4. TOTAL POLITICAL EXPENDITURES

\$ 1425.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

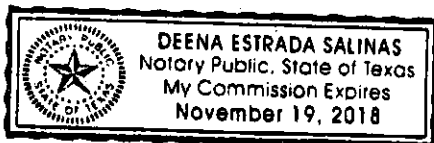
\$ 489.40

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 16, Election Code.

*Valerie Monard*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Valerie Monard*, this the *27th* day of *October*, 20 *14*, to certify which, witness my hand and seal of office.

*Deena Estrada-Salinas*

Signature of officer administering oath

*Deena Estrada-Salinas*

Printed name of officer administering oath

*Notary Public*

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Valerie Menard

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-5-14

5 Full name of contributor ☐ out-of-state PAC (ID#)

ADENA HALLER MTHISTAN

6 Contributor address: City: State: Zip Code

3711 BLUE HILLS NORTH  
AUSTIN, TX 787317 Amount of  
contribution (\$)

\$250.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Director

10 Employer (See Instructions)

RYAN LLC

Date

10-3-14

Full name of contributor ☐ out-of-state PAC (ID#)

GIOLETA BROZEK

Contributor address: City: State: Zip Code

1833 BANDERA RD, SAN ANTONIO,  
TX 78228Amount of  
contribution (\$)

\$20.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-2-14

Full name of contributor ☐ out-of-state PAC (ID#)

PAZ RAMIREZ

Contributor address: City: State: Zip Code

910 E. 6TH ST.  
AUSTIN, TX 78702Amount of  
contribution (\$)

\$300.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

EL MITERO

Date

10-1-14

Full name of contributor ☐ out-of-state PAC (ID#)

TRICE PHAPA

Contributor address: City: State: Zip Code

1850 WILSON CIRCLE 100P  
ROUND ROCK, TX 78681Amount of  
contribution (\$)

\$40.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-30-14

Full name of contributor ☐ out-of-state PAC (ID#)

DANNY MUÑOZ

Contributor address: City: State: Zip Code

3809 GREENWOOD SPARKS RD  
AUSTIN, TX 78759 #247Amount of  
contribution (\$)

\$40.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME

**Victoria Montalvo**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**10-7-14**

5 Full name of contributor

☐ out-of-state PAC (ID#)

**ELVA J JESSE GARCIA**

6 Contributor address: City: State: Zip Code

**12122 WINDROSE HILL  
SAN ANTONIO, TX 78230**

7 Amount of contribution (\$)

**\$ 50.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**10-9-14**

Full name of contributor

☐ out-of-state PAC (ID#)

**HERMANDA RODRIGUEZ**

Contributor address: City: State: Zip Code

**3503 LAKER BLVD  
ROUND ROCK, TX 76881**

Amount of contribution (\$)

**\$ 50.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10-2-14**

Full name of contributor

☐ out-of-state PAC (ID#)

**MILLIE MONTALVO**

Contributor address: City: State: Zip Code

**421 BIRCH RD  
LONG BEACH, CA 90807**

Amount of contribution (\$)

**\$ 30.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10-20-14**

Full name of contributor

☐ out-of-state PAC (ID#)

**DR. V. N. COMSTOCK**

Contributor address: City: State: Zip Code

**3103 LAYTON LN  
AUSTIN, TX 78723**

Amount of contribution (\$)

**\$ 100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10-15-14**

Full name of contributor

☐ out-of-state PAC (ID#)

**MARK SANDOZ**

Contributor address: City: State: Zip Code

**A VICTOR A  
DORLAND GARCIA, TX 73442**

Amount of contribution (\$)

**\$ 50.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME

**VANERIE MONTARD**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**9-26-14**

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**HARSHITA KUMAR**

6 Contributor address: City: State: Zip Code

**2900 DERMONT DR.  
AUSTIN, TX 78733**

7 Amount of contribution (\$)

**\$40.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**10-5-14**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**MATTHEO ROSQUEZ-LOPEZ**

Contributor address: City: State: Zip Code

**1704 STAR LANE #103  
AUSTIN, TX 78702**

Amount of contribution (\$)

**\$100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10-8-14**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**LENO ROSAWEIRA**

Contributor address: City: State: Zip Code

**3258 PHOENIX TOWER BLVD  
HOUSTON, TX 77066**

Amount of contribution (\$)

**\$50.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10-15-14**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**RONALD KRAMER**

Contributor address: City: State: Zip Code

**2000 PROPIOS ST  
AUSTIN, TX 78702**

Amount of contribution (\$)

**\$100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10-18-14**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**TOMMY BEIL**

Contributor address: City: State: Zip Code

**7207 PRODIOSA DR  
AUSTIN, TX 78723**

Amount of contribution (\$)

**\$20.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>3</b>		2 FILER NAME <b>Valerie Menard</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10-5-14</b>		5 Payee name <b>MITOS TAX-MAX</b>			
6 Amount (\$) <b>49.62</b>		7 Payee address; City; State; Zip Code <b>1600 E. 11TH STREET, AUSTIN, TX 78702</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>MITOS TAX-MAX</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Menard</b>		Office sought <b>DIST. 1</b> Office held	
Date <b>10-14-14</b>		Payee name <b>GO FUND ME / WE CITY</b>			
Amount (\$) <b>\$59.18</b>		Payee address; City; State; Zip Code <b>380 PORTAGE, AVE., PLANO, TX 94306</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FEES</b>		Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN CONTRIB. FEES</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Menard</b>		Office sought <b>CITY COUNCIL DIST 2</b> Office held	
Date <b>10-13-14</b>		Payee name <b>Ampro</b>			
Amount (\$) <b>\$36.81</b>		Payee address; City; State; Zip Code <b>7202 SMOKEY HILL RD. AUSTIN, TX 78736</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING</b>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Menard</b>		Office sought <b>CITY COUNCIL DIST 2</b> Office held	
Date <b>10-22-14</b>		Payee name <b>OUTDOOR PHOTOGRAPHY</b>			
Amount (\$) <b>\$200.00</b>		Payee address; City; State; Zip Code <b>4434 PARK ROAD DR. AUSTIN, TX 78750</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Menard</b>		Office sought <b>CITY COUNCIL DIST. 2</b> Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME Valerie Menard		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 10-21-14		<b>5</b> Payee name Amplco			
<b>6</b> Amount (\$) 77.61		<b>7</b> Payee address; City; State; Zip Code 7202 SMOKEY HILL RD. AUSTIN, TX 78736			
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PHYSICIAN		(b) Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Valerie Menard		Office sought City Council Dist 2	
<b>Date</b> 10-23-14		<b>Payee name</b> 14 VOZ			
<b>Amount (\$)</b> \$300.00		<b>Payee address; City; State; Zip Code</b> P.O. Box 19457 AUSTIN, TX 78760			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) DONATION		Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name Valerie Menard		Office sought City Council Dist 2	
<b>Date</b>		<b>Payee name</b> 14 PHOENIX			
<b>Amount (\$)</b> \$300.00		<b>Payee address; City; State; Zip Code</b> 1794 E. 5TH ST. #103 AUSTIN, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) DONATION		Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name Valerie Menard		Office sought City Council Dist 2	
<b>Date</b> 10-18-14		<b>Payee name</b> TX Democratic Party			
<b>Amount (\$)</b> \$125.00		<b>Payee address; City; State; Zip Code</b> 4818 East Ben White Blvd, Ste. 104 AUSTIN, TX 78741			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) POLITICAL EXPENSE		Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name Valerie Menard		Office sought City Council Dist 2	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Valerie Menard</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10-15-14</i>		5 Payee name <i>WKPAY</i>			
6 Amount (\$) <i>\$51.57</i>		7 Payee address: City: State: Zip Code <i>280 Portales Avenue Palo Alto, CA 94306</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Accounting / Banking</i>		(b) Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Valerie Menard</i>		Office sought <i>City Council Dist 2</i>	
Date <i>10-22-14</i>		Payee name <i>OLIVER GARDON</i>			
Amount (\$) <i>\$36.15</i>		Payee address: City: State: Zip Code <i>8833 BURNOT RD. AUSTIN, TX 78757</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>CONSULTING</i>		Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Valerie Menard</i>		Office sought <i>City Council Dist 2</i>	
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME: <u>Valerie Menard</u>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>TEXAS DEMOCRATIC PARTY</u>		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED